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## ARTICLE XIV.

The so-called Chronic Metritis and its Rational Treatment. By HORATIO ROBINSON STORER, M. D., of Boston, Professor of Obstetrics and the Diseases of Women, in Berkshire Medical College.

It is with extreme diffidence that, virtually a stranger, I venture to address you, in accordance with the kind invitation that has been extended to me. It is possible, however, that the five goodly reasons with which I come fortified, may avail at once as my excuse, and to ensure for my paper your earnest attention. These reasons are:

First, the request made to me for several years in succession by your late Secretary, the lamented Dr. W. A. Barlow and by the good Blatchford, of Troy, whom to have known was an inestimable privilege, and by others of your members, still living, in whose friendship I delight, that I should take occasion, when the opportunity presented itself, to urge upon my New York brethren some one of certain peculiar views that I am known to possess, of interest, not to gynecologists alone, but to the whole profession.

Second, that from the very intimate relations I so long enjoyed with Prof. Sir James Y. Simpson, I am probably no unfair representative of the Scotch school of gynecology, as contra-distinguished from those of London, Paris and Vienna, to which the leading professors in this country more avowedly belong.

Third, the fact that as a teacher at Pittsfield, so near your confines, I consider myself, for a portion of the year, at least, as fairly within the New York atmosphere.

Fourth, that as a guest, enjoying your hospitality, it is my duty to contribute something, however slight it may be, towards the great ends for which you have come together,—the dissemination of knowledge, the check of disease, the saving of life.

And finally, and most important, the intrinsic value of the subject I shall now bring before you.

I have been interested in no ordinary degree by a discussion that has lately taken place, during Nov. and Dec., 1866, at the New York Academy of Medicine, and been reported in the medical journals\*, the participants in which were my friends, those great

\* Phil. Med. and Surg. Reporter, Dec. 15, 22 and 29, 1866; N. Y. Med. Record, Dec. 15, 1866, and March 15, 1867.



authorities in all matters pertaining to the diseases of women, Profs. Budd, Fordyce Barker and Peaslee; the subject of their deliberations having been chronic metritis, its pathology, etiology and therapeutics. I should consider it presumptuous indeed for me to sit in judgment upon the opinions of these learned men, to call any views into question that either of them may have expressed, or to make any suggestions in addition to those by them presented, were I not sure that with me they each of them recognize the facts that the best of us are yet but apprentices in the great work-shop of nature, and that as such we must labor humbly, faithfully, reverently to assist each other in the elucidation of her problems.

Half New Yorker as I now consider myself, when at Pittsfield, there was a time when weary of continental travel, and settled for a quiet year of work in Edinburgh, being entered in the directory of that city as a regularly licensed practitioner, chosen into its several medical societies, and becoming the father of a Scotch lassie, I felt myself almost a Scotchman. My professional friends and neighbors were a canny set of people, prone to inquire into the why and wherefore of things, and yet afraid, for the most part, of metaphysics, whether in philosophy, science or religion, and excessively practical in their dealings with disease. I was taught not so much to discuss the ultimate pathological distinctions or peculiarities that might be presented, whether for instance in the most common forms of the so-called chronic metritis, there existed peri-uterine, endo-uterine or parenchymatous inflammation, or none whatsoever at all, as to seek whether or no the disease, whatever it is, may be cured, and if so, in what manner. You will pardon me, therefore, if I do not give to the purely pathological features of my friends' arguments, the attention that the neatness and force with which they were presented deserve, and that, now that I have become thoroughly re-Americanized, I should be glad to devote to them.

No disease, whatever its site or character, it has been well insisted by Prof. Brown-Séquard, can be well treated except upon strictly logical deductions from physiology. No disease, whatever its site or character, can be well treated save upon general principles. This remark is especially applicable to the diseases of women, where if a mere routinist or the victim of a single idea, the best general practitioner becomes the veriest empiric, and where, on the other hand, the specialist, if true to



his science, and mindful of the great dangers to which I have now alluded, must of necessity bring to bear all the resources of general practice. When I stated this fact in the report upon Specialism, that I was called upon to render to the American Medical Association, at its late meeting in Boston, my assertion was derided by some and considered presumptuous by others. At the ensuing meeting at Baltimore, however, the same statement, expressed in almost the same identical language, by the eminent physiologist I have above referred to, was applauded to the echo. Thus the world moves.

To certain eminent men, some of them nevertheless but hobbyists, we are indebted alike for our advance towards, and our retrogression from, the successful treatment of uterine disease. Henry Bennet, of London or Mentone, for it is difficult now to decide where it is in reality that he belongs, would have us to find the key to nearly all these troubles in inflammation of the os and cervix; while West, upon the contrary, scouts the idea of a mere superficial abrasion effecting a tithe of the results that have been attributed to it, and Hughes Bennett, of Edinburgh, fairly anathematizes those who apply the term inflammation to anything short of that perverted alteration of the vascular tissues which produces an exudation of the liquor sanguinis. "It is this exudation only," he asserts, "which can be held to unequivocally characterize an inflammation." Tilt again would make us believe that there is scarce else ever to be found than an irritable ovary; while others, among whom our own Hodge, and I say this with all respect, for I believe strongly in his levers where they are indicated, would fain confine us almost entirely to displacements, as alike the cause and effect of metritic engorgement, if not indeed, the disease itself. Of these conflicting views, all are to a certain extent true, and all to a certain extent false. The publications of Henry Bennet have done far more than any others could have effected towards arousing our countrymen to the importance of pelvic lesions, and upon them, to whatever extent modified, have been based the teachings of Meigs, Byford and most of our other authorities, old and young, of the present day. But the publications of the same author have also accomplished a great deal of evil, by practically inculcating, however unintentionally, the creed that all that is needed for the cure of the manifold disorders the female presents, is the possession of a speculum, and what is still too often its sole accompaniment, some nitrate of silver. I cannot agree with



one half of Robert Lee's arguments against the speculum, disappointed and unforgiving partizan that he was, but there can be no doubt that too great reliance upon this instrument often spoils a diagnosis, and that the undue or unskillful use of even so simple a caustic as that mentioned, often spoils a vagina. Scanzoni, a mere pathologist, and knowing comparatively little of practical therapeutics, I make this statement upon good authority, despite the warm encomiums of Dr. Gardner, is often unreliable; while to Tilt we are indebted for that useful suggestion unconsciously given, to be more observant than he has been, in our physical explorations. The more constantly we use the uterine sound, the less we find of the existence of real, and the more of pseudo ovaritis.

Is then chronic metritis never the effect of cervical disease? Can this not extend from the os by direct transmission of inflammation towards and to the uterine cavity? If merely considered paroxysmal in its character, occurring at or near the catamenial periods, or merely during the interval, are we never to employ for it local measures? Or if called a permanent lesion, regularly aggravated by the periodical crisis, are we not to recognize the importance of those that are simply constitutional? All of these questions, and many others of a similar character, I readily assent to, but yet assert that the treatment thus far employed has been for the most part empirical, and that in many of the comparatively few cases where relief has been obtained, the improvement has been coincident with, or in spite of, the measures resorted to, rather than their direct result.

The treatment of chronic metritis is as yet based, in great measure at least, upon erroneous physiological theories, at variance with those general principles of our art that control the treatment of all other regions of the body. It is in reality in its infancy, just as was the therapeutics of most of the affections of the uterine cavity, before resort was first had to sponge tents by Simpson, some twenty-three years ago. Now we consider it almost malpractice—it would be malpractice in one pretending to be an expert, to neglect in an otherwise inexplicable case of menorrhagia this crucial test. It is possible that within the same short space of time before us, a similar remark may become true of those who ignore the means of treating chronic metritis that I am now about to bring to your notice, and refuse or neglect their employment. This is bold language, I am well aware. Let us see if there is not for it some good foundation.



It is well, however, that I proceed to my point deliberately, and by logical sequence, as befits it.

The frequency of the disease, or class of diseases we are considering, to which the specific or generic and frequently inappropriate name of chronic metritis has been applied, is now admitted by all who know anything soever of uterine pathology. I am aware indeed that there are many unduly influenced by that spirit of conservatism which is in other respects the salvation of the profession, who deny its frequency and even its very existence, as is sometimes done of every other form of uterine disease. The time, however, of these gentlemen has passed. Scepticism in this direction has culminated, and those under its sway are beginning to be viewed with mingled feelings of wonder and pity, tempered perhaps with pride at the earlier achievements of these very persons, and with regret that the evil days of being left behind in the march are so rapidly drawing near for ourselves.

Granting, then, the frequency of chronic metritis, or of its two chief classes so well pointed out by Dr. Kammerer, the regularly or irregularly relative hypertrophy of the several uterine tissues, I proceed to the fact of their obstinacy under all the methods of treatment usually employed. Upon this point I might adduce a large mass of evidence. That of the three metropolitan professors shall, however, suffice, and it is of the more weight from the fact that at least two of these gentlemen are fresh from beyond the seas, and, therefore, thoroughly posted as to the latest foreign advances in treatment. Prof. Barker avowedly considers, with Profs. Budd and Peaslee, that it "is one of the most intractable, rebellious and unsatisfactory diseases we are called upon to treat,"\* a very opprobrium medicorum; and yet upon this problem we have all of us, Scotch, French, Germans and Americans, been constantly at work for many years, constantly drawing nearer the goal it is true, but in a stumbling, uncertain kind of a way, here a hit and there a miss, frequently going astray widely from the mark, never as yet fairly striking it, simply because our physiology being wrong or doubtful, and our principles of practice generally the very reverse of true, we had no rational basis of treatment. Such, however, may I hope, you will find that I am about submitting to you.

A glance at what has been hitherto done, must precede the

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\*Med. and Surg. Reporter, 22 Dec., 1866, p. 517.



advance. It is found that the past treatment of chronic metritis resolves itself into three great groups of measures, consisting of those that are purely constitutional, the result of a stubborn conservatism, those that are purely local, but yet mainly applied in the wrong place, the result of a too hasty radicalism, and those that are of both classes, so far wisely combined together. Rest and confinement to a recumbent posture on the one hand, exercise, even to horseback riding, on the other, have each had their advocates; as have total abstinence from coitus, and, perhaps upon the principle of *similia similibus curantur*, occasional or excessive indulgence therein, an abstemious diet and free license to the pleasures of the table, stimulants and depressants, tonics, alteratives and general depletives. The trouble has been that these measures have too indiscriminately been resorted to; indicated in some cases, they have been counter-indicated in others, and yet the difference has not been perceived. In many they have been required in combination with more strictly local measures, in too many they have been employed alone.

As regards local measures, also, in the great variety that have been resorted to, a similar natural grouping into classes is seen to obtain, according to the especial theory accepted by the practitioner. Those who have sworn by Henry Bennet and his school, forgetful of the first great maxim for us all to learn, *nullius in verba magistri*, have seen in chronic metritis but the result of inflammation of the os and cervix, making this, as has well been said, the base of their pathological pyramid, and have accordingly stimulated the cervix on the one hand and depleted it on the other; irritating and counter-irritating, for both ends seem to have been had in view, though their measures were purely local; that is, applied to one and the same place, the cervix, putting aside for the moment the consideration of measures more justly counter-irritant, as applications to the abdomen, etc.; pleting and depleting, even at once, by endeavoring to cause more active cervical circulation, and perhaps at the same time endeavoring to allay it by scarifying and the like; the puzzled physician being fortunate if he took such precautions as ensured him from fright at the occasional escape of a leech into the uterine cavity. Cauterization of every kind, from Meigs' gentle antiphlogistic touch of the nitrate crayon to the more heroic but far more effectual potassa fusa and hot iron; douches of every variety, simple and medicated, varying from hot to cold, and applied from a single moment to an hour or



more, and from a drachm to gallons; ointments of every make and hue, blistering and emollient, opiate and alterative, applied by vaginal suppository or by the finger of the attendant; and worst of all, if too often repeated under the plea of ascertaining the patient's progress, the simple touch or an attempt by its mere pressure to produce an alterative effect. This is no fancy sketch. All these measures I have seen relied upon as sheet anchors by masters in our art, through every phase of them I have myself plodded.

Is it different with the school who have considered the uterine lesion the result of ovarian disease? Witness the abdomens bescarred, worse than ever by nature at the close of a pregnancy with quadruplets, by leechings and cuppings, blisterings and acupunctureings innumerable.

Am I doing injustice to those gentlemen who have ignored the reflex and sympathetic influence of the ganglionic and excito-motory systems, and who in their theory of direct spinal irritation have left the apostles of "hysteria," "general debility" and "anaemia" far behind? The city of Albany alone, certainly that of Boston, could afford enough poor backs, innocent of all truly spinal disease, that have yet been tortured by croton oil and by antimonial plasters, by the actual cautery and moxa, aye and by bedsores that would seem to have been intentionally inflicted, enough did I say, far more than enough to fill this hall.

Do the believers in the all essentiality of displacements as the cause of chronic metritis, and in pessaries in one or another of their innumerable forms as the only treatment of displacements, fear lest I am slighting them? Let them understand then that while I defend the frequency of displacements against all who would deny it, I yet acknowledge that ten pessaries are used improperly where one is used properly, that by that abomination of abominations, the abdominal supporter, speaking generally, without here considering its specific varieties and indications, and only excepting an elastic, well-fitting and lifting bandage, displacements are very frequently made worse or even initiated, and that in the daily or frequent use of the uterine sound, or worse still, the finger of the operator, as the only means employed to elevate the uterus or to produce a cure, I recognize often but the grossest abuse of a license granted only to supposed scientific acquirements, and to a decent and honest man. These so-called manipulators or movement workers, of whom I have now known



very many instances, are exposed to the chance they too often find a certainty, of awakening in their patient a slumbering passion, or of but pandering to the vilest of lusts.

Am I giving too much importance to the cervix and those who bow down and worship it as their professional idol, upon which they stake their faith, and whence they receive their yearly income? I have described but a portion of what has comprised till of late, and even of late, the usual treatment of chronic metritis.

There are other and wiser men who have recognized that to take the citadel, its outposts must be passed, and who have directed their attention to the parts within. Leaving the outer hall into which the cervix projects, they have penetrated the middle and inner chambers, and though stigmatised as too heroic in their practice, they have found and have tried to combat, however unsuccessfully, the real disease.

In what way? By the same measures as have been applied to the os, omitting only the most important of all. They have introduced emollients and stimulants, opiates and astringents, caustics and alteratives, into the cavity of the cervix and into that of the uterus, and, though sometimes effecting a cure, it has been in the blindest way. These various agents have been thrown up in solution or applied by a brush or pledget of lint, passed in as an ointment by a porte-cerate, introduced in a solid state as suppositories, and there left, or as a bead fused upon a metallic rod, which allows it to melt off and is then withdrawn. Interstitial absorption or resolution has been attempted by pressure from tents of sponge or sea-tangle, or from intra-uterine bougies, either as a series of graduated dilators, the occasional passage of the sound, or the wearing, through days, weeks or months, of stem pessaries, whether of a single metal as copper, silver or electro-plate, or of hard rubber, ivory or bone. For the same end, and respective or irrespective, as the case might be, of the character of the catamenia, either as regards their quantity, quality or regularity of appearance, galvanic bougies of copper and zinc, placed end to end or side by side, have been resorted to. Each and every one of the measures referred to, I have myself tried, not merely for their more usual indications, but for this specific end; in some cases with success, in others with failure, and in still others where there had been apparent failure, such a tendency to the reparative process had been established, that the removal of the patient to



other surroundings, as by advice or by her own impatience to a water cure, has at once effected recovery, the credit of which was not so much due to the apparent and generally only acknowledged last cause, as to the preparatory measures which had preceded it.

2/ I have said that many of our brethren in this country have dared to penetrate to the very head-quarters of the disease. It will not be improper if I mention in addition to the distinguished gentleman whose debate I am now commenting upon, the names more particularly of my friends Gaillard Thomas, of New York, Mack, of St. Catharines, C. W., Greene, of Pittsfield, Mass., Tewksbury, of Portland, Me., and the veteran Henry Miller, of Louisville.

There was one step further, however, to be taken, and that it is my purpose now to indicate. It is not a measure that is always of itself sufficient to enable us to reach the goal; it is one, however, that is generally, I might indeed say always, of very essential importance for this, namely, *the scarification of the fundus uteri*. This method of treatment is constantly resorted to in the instance of inflammation, congestion or engorgement of the os and external cervix, but beyond this point, few have thought or dared to go with their lancet in hand; or if the cavity of the cervix has been thus invaded, it has been for a wholly different purpose than the special one that is indicated. Thus Huguier, who undoubtedly performed this operation of scarifying the cervical canal, resorted to it only prior to the use of caustics, and simply that he might "expose the glandular structure of the cervix more directly to the action of the caustic succeeding."\*

The idea of artificially abstracting blood from the uterine cavity is not, *per se*, a new one. It is indeed, but following out the indications of nature, as shown to us at the menstrual periods, and in the hemorrhage following parturition; that is to say, given a congestion, normal in these instances and periodical, it is allayed by a critical discharge. It is not necessary for me here to discuss at any length collateral questions connected with either the lochia or catamenia, as to the function performed by the uterus as an accessory respiratory organ, or as to the effect of lactation calling the tendency of the circulation away from the uterus, in reflexly stimulating that organ to a free discharge of muscular debris, rendered useless by the close of gestation, and to the normal degree of involution by which it is restored to its former condition of com-

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\* Graily Hewitt: Diseases of Women, 1863, p. 524.



parative atrophy. I simply refer to these points as affording indications of treatment for the disease or diseases we are now studying.

I have said that the abstraction of blood from the uterine cavity is no new idea. It has, however, been confined, so far as I am aware, by those who have published upon the subject, to the relief of partial amenorrhœa, or to the re-establishment of the menses in the event of their complete suppression. I am not now speaking of the modes of effecting these ends, of a reflex or purely medicinal character, as by galvanism, or by drugs stimulant, alterative or hæmapoietic, nor of the intra-uterine applications so frequently employed and so frequently useless in chronic metritis, and so often successful in amenorrhœa, but to the direct abstraction of blood from the uterine cavity, which Simpson attempted and accomplished by the use of his intra-uterine air pump, a method of treatment which I have no doubt gentlemen now present have also used with satisfaction. In a former paper of my own upon the surgical treatment of amenorrhœa,\* I pointed out the advantages and disadvantages of this instrument. By it I have repeatedly induced and kept up the normal menstrual discharge, even where it had never before appeared.

Thus far, however, the principle of direct depletion had only been applied for the increase or re-establishment of the catamenia. Some seven years ago or more, it struck me that it might with advantage be resorted to during the menstrual interval, for the treatment of uterine inflammations, congestions, and engorgements, whether acute or chronic. I based my reasonings upon the following facts, which must be familiar to all. We have a case of hypertrophied uterus, perhaps with the os open, perhaps with it closed, and with or without an increased menstrual flow, or an alkaline leucorrhœa. Imagining that there may be an intra-uterine polypus, we search therefor and find nothing. Upon the supposition that there exists the so-called polypoid condition of the mucous membrane lining the cavity, and either assuming that there is present, or detecting, a turgid and perhaps unusually plicated condition of this membrane by the touch, we scrape out the cavity by Recamier's curette, produce more or less profuse hemorrhage, and often find our patient wonderfully improved. This has frequently been my own experience.

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\* Amer. Jour. of the Med. Sciences, Jan. 1864.



Again: In a similar case we have resorted to sponge tents, and finding nothing requiring direct operative interference, we yet shortly discover at times that the enlargement of the uterus is soon measurably lessened. How is this effected? Not by the mere pressure of the tent alone, which undoubtedly does do some good, as Marion Sims has shown, especially where true neoplasms have existed, but by the hæmorrhage that is not unfrequently produced by the fibrillæ of the sponge having almost as closely penetrated into the interstices of the uterine mucous membrane, as do the chorionic villi of the placenta, and their forcible separation from each other may be attended by hæmorrhage, less in quantity it is true, but effected much in the same way as occurs during the other dissections to which I have referred.

Moreover, we have, all of us, when operating for dysmenorrhœa depending upon organic contraction of the cervical canal, by means of the hysterotome, an operation that is, of course, performed during the menstrual interval rather than at its period, for fear of greater hæmorrhage, if not of peritonitis, we have at that time observed that after the operation not only is the dysmenorrhœa lessened, but also frequently the size of the uterus, provided this has been hypertrophied.

Still again: More than once when removing sessile tumors from the fundus uteri by the knife, or gouging out portions of them on the plan of Baker Brown, or incising them with the hope of producing their enucleation, after Atlee, each of these measures being attended by hæmorrhage, more or less profuse, I have noticed a general lessening in size of the uterine parietes, which could not be accounted for merely by the operation that had been performed and the loss of substance, from whatever means, that had thence ensued.

And finally, we sometimes see during the intermenstrual period in non-pregnant women far from the final climacteric, who may have complained or not of uterine disturbance, but this non-malignant in its character, sudden and sometimes profuse gushes of hæmorrhage, followed by unusual feelings of comfort or relief; such being truly critical discharges, at once suggestive and curative of a local plethora.

Arguing from these premises, I decided that direct depletion might be resorted to for the relief of the body of the uterus, as well as its os and cervix.



How could this best be effected? At first I tried the intra-uterine air pump to which I have alluded, but found that it produced unnecessarily great lacerations of the uterine mucous membrane, this entering the fenestræ of the instrument under forcible suction, and clinging closely to them while it was being withdrawn. Having little dread of the uterine cavity, I then proceeded to further measures. I had already been publicly berated for having been the first, so far as I yet know, to suggest the application of potassa fusa within the body of the uterus, a method to which many other gentlemen are now in the habit of frequently resorting, and as I had said, I had made little scruple of applying the knife or scissors to internal outgrowths. With the hysterotome and a variety of bistouries cachées, especially that of Blandin modified by Guerin for the radical cure of hernia, I endeavored to get control of the uterine cavity so far as concerns blood-letting therefrom. These instruments, to a certain extent, effecting my purpose, were yet somewhat dangerous to the patient, and occasioned a certain measure of anxiety to myself.

During the course of these investigations, and rather more than three years ago, it came to my knowledge, purely by inference, that a neighboring practitioner was scarifying the interior of the uterus. Patients frequently came to me who had been previously under the charge of this gentleman, and they all told me the same story, viz: that the uterine sound had been passed, and had been immediately followed by hemorrhage, leaving only a single belief possible, such result not generally following the alleged cause, that the sound used had been hollow, and had contained a concealed blade. This discovery made me renew my efforts to obtain what I had for some time seen was indicated. I even discussed the matter with the maker, as it proved, of the instrument that had been used in the case of the patients above referred to, himself a retired physician still in good standing, and I was told that such an instrument as I wanted, was impracticable; this statement being now explained, on the ground that a pledge of secrecy had been exacted by his previous client. Thus matters went on until May of the past year, when through a third party, also a physician, and in a perfectly honorable manner, the instrument itself fell into my hands. During the next five days, I tested it upon nineteen of my private patients, and satisfied myself, that at last what I sought I had found. It was simply, as I had supposed, a

hollow sound, and in reality but a slight modification of Ricord's urethral scarificator, the knife emerging upon the concave instead of the convex margin. Feeling that credit was due to Dr. Miller of Dorchester, for his application of this instrument to the uterine cavity, I desired that he should himself take opportunity to bring it before the profession, after the three years or more, during which he had constantly employed it in practice, and I sent him a message to this effect. After the time named by me had expired, without such publication upon his part, he asserting as I understand, that he had already shown the instrument to several of his neighbors, the secret being apparently kept by them, I had no hesitation in using the scarificator openly, giving all the credit to its original employer, that could be done consistently with the spirit of chapter 2, article 1, section 4 of the code of ethics of the American Medical Association. The publication of the instrument by Dr. Miller, was finally made to the Norfolk District Medical Society of Massachusetts, on November 14, 1866, some seven months after he knew that it was in my hands. To this form of scarificator, though an improvement upon my own previous instruments, there were certain objections, as I found in practice.

*First*—It was kept clean with great difficulty.

*Second*—It was too flexible, allowing the knife to become caught under the edge of the sheath, when this was at all twisted as frequently occurred when a displacement existed.

*Third*—The instrument in this event, required to be wholly withdrawn before it could be used, and

*Fourth*—It was, like the earlier styles of sound and intra-uterine porte caustique, furnished with a knob at the  $2\frac{1}{2}$  inch point, which is sometimes an obstacle to the introduction of any instrument to a further depth, if this is necessary.

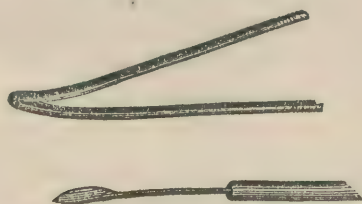
I have, therefore, had manufactured by Mr. Tiemann, a modification of the scarificator, which overcomes all these difficulties. It is more easily introduced than the other, more readily cleansed, and is in other respects superior to it. It besides does not so certainly convey to the patient, as I have reason to believe has occurred with the other instrument, the deceptive idea that the sound only is being employed. Honesty in medical matters, is not only the best policy so far as the surgeon himself is concerned; I believe, that oftener than we imagine, a resort to it upon his part is also for the patient's good.





Dr. Storer's Intra-uterine Scarificator.

It will be seen by the above wood cut, that my intra-uterine scarificator forms a very simple and compact instrument. A hollow stem, six inches long, receives at its lower extremity a hinged sheath, entering the first and there fastening by a screw thread. This sheath is three inches in length. Through the continuous canal thus formed there passes the knife, which is attached to a slender staff, and may be advanced or withdrawn by a button near the handle of the instrument. The latter is attached to the tube by a screw and may be readily removed, both for the purpose of cleansing the blade and shortening the instrument when to be packed in its case. The hinged sheath of which I have spoken is provided with a slit on its anterior portion, for the emergence of the knife, as will be perceived by the cut below:



Blood-letting by the simple process of scarification is then possible for the uterine cavity, and we are now able to treat its diseases upon an antiphlogistic or merely a slightly depletive basis, as circumstances may require—that is to say, upon the same general principle that we apply to the rest of the body. The cases for which this method is available are very common, and I can truly say that thus I have repeatedly produced a greater amount of relief in a week or two than I had previously been able to effect during many months. I used at first to immediately precede its employment by the uterine sound, that I might be sure of the length of the uterine cavity, and that I might restore the organ, if displaced, to its normal position, before introducing the scarificator. With my own stiffer instrument, these precautions are often unnecessary, and the dilatation of the cervix effected by its entrance allows any

effusion of blood, however profuse, to escape; generally, however, except in extreme congestion, the amount of hæmorrhage effected is but small. I ordinarily make several linear incisions throughout the whole length of the uterine cavity before finally withdrawing the instrument, turning it about to the four points of the compass, and sheathing or unsheathing the blade as occasion may require. It will be perceived that the depth of the blade renders it impossible to do more than simply scarify the mucous membrane, unless employed too soon after the catamenial period, when exfoliation of the mucous membrane having taken place, a deeper tissue might be reached.

It will be perceived that the measure now described at once harmonizes the conflicting views as to treatment, of our friends who conducted the discussion upon chronic metritis at the Academy of Medicine. Prof. Budd points out the benefit often produced in these cases by ordinary menstruation, and argues, therefore, that a certain measure of depletion is indicated, a view with which I certainly agree. Prof. Peaslee recognizes the phenomenon to which allusion has just been made, and would hence make of chronic metritis a recurrent and clonic rather than a persistent and tonic affection. He has seen serious results produced by free depletion at a comparatively distant point, as at the os uteri. He does not understand how depletion at the os can effectually relieve any serious trouble within, and in case of any depletion whatever, he would restrict it to a very small extent at any given time. These are each of them positions that cannot too cordially be acceded to. Prof. Barker again, while apparently differing in toto from his antagonists, in that he has not of late years relied upon depletion in these cases at all, yet bases his objections to it upon the facts that by leeches the loss of blood is often carried to a degree dangerous to patients who are already anæmic, and that the depletion to be effectual should take place at the very seat of any congestion, inflammation or engorgement, to combat which it is employed. "Whether the amount of liquor sanguinis of the body of the uterus becomes decreased by depletion of the cervix seems," he says, "very doubtful."

Do I pretend then to say that the so-called chronic metritis can be rendered more curable? I do. Do I assert that reliance should always be placed upon the intra-uterine scarificator alone? I do not. But I do believe that thus accompanied, the other measures that may be advantageously employed in given cases, may be



resorted to more scientifically, and with less empiricism than has hitherto been the case. I have already enumerated a host of measures that are commonly employed, some of them at times useful, others of them seldom or never. There are several, however, well grounded in their application, that I have not known employed for this especial purpose by others than myself.

What these rational adjuvants of the treatment should be, I have already indicated. To them I have been brought by a close study of the physical lesions following, as a direct or indirect consequence, abortion as contra-distinguished from pregnancy at the full time, to some of which I have briefly alluded in the Prize Essay issued for general circulation among women, by order of the American Medical Association.\* In these cases we are very apt to have sub-involution, a deficiency of the process by which the uterus is restored to its normal size, owing in great measure to the fact that the ordinary fatty degeneration of certain portions or the greater part of the uterine muscular tissue, by which nature provides for its detachment safely from the placenta and membranes, has not occurred. In many of these instances there is a peculiar proneness to the re-establishment of pregnancy, perhaps because there is a greater extent reproduced than is normal, of uterine mucous membrane, in which an ovum may become entangled and retained for impregnation. However this may be, there is no doubt that a subsequent abortion is rendered more imminent, especially at the times corresponding to the first miscarriage and to the regular menstrual periods.† If, however, these perils can be passed and gestation be completed, a cure frequently becomes possible, more particularly if lactation is encouraged or enforced; the irritation of the breasts, as I have already said, producing a peculiarly kindly reaction upon the muscular structure of the womb, and inducing absorption, or rather discharge of any surplus and therefore abnormal connective tissue.

Again. There is no doubt that the application of heat and cold, the one or the other, or both alternately, by Chapman's plan, to the sacrum, is often of immense advantage to us in treating this class of diseases, just as it is in controlling the disorders of men-

\* The fact has been allowed by several observers, latest among whom perhaps are Kirsten and Beck, as quoted in the *New York Medical Record* of last week (Feb. 13, 1867), from Braun's *Jahr Büch*, though no explanation like that now given, seems ever to have been suggested.

† Why Not? A Book for Every Woman. Lee & Shepard, Boston, 1866.



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stration. If heat to the sacrum will frequently check a menorrhagia, or prevent a threatened or commencing abortion, as it does, or if ice in similar manner will re-establish or increase the menstrual flow, or produce a premature labor, as is also true, we may reasonably look to the same measures when we wish, by reflex action, to control the uterine circulation, and consequently the inflammatory, engorged or congested states of that organ. We may thus indeed often subdue them at our will.

Still again. By irritation, not of the mammary gland, but of the nipple and adjacent superficial nerves, as by a sinapism, we often produce a great increase of the catamenial discharge, and, therefore, a determination of blood toward the organ from whence it proceeds. So by avoiding all pressure upon those parts by the clothing, and quieting any undue excitability by local applications, as of atropia, or the Arnott-Simpson-Richardson induction of local anæsthesia to a not unreasonable degree, we may lessen any existing tendency to uterine plethora.

In producing a direct influence upon these cases by simple medication, I have little faith. By bromide of potassium we may occasionally quiet the uterus it is true, and perhaps set up or increase fatty degeneration of its fibres, but rather by first affecting the base of the brain, and thence reflecting uterine peace. By hypodermic injections applied even into the very uterine parietes by the proper instrument, we may soothe its hyperæsthesia. By intra-uterine applications of caustics and the like, whether of chromic or pyroligneous or carbolic acid, et cætera usque ad finem as so frequently resorted to, we may destroy or otherwise quiet any existing point of irritation, and by the seton-like influence of potassa fusa or of the actual cautery, we may produce an interstitial change.

But there is still yet further to be done. If the woman is left to the unbridled caresses of even a considerate husband, or is allowed to indulge in any of the conjugal indecencies of the present day, preventing impregnation by the use of a sponge, or by cold injections, or by the employment of condoms or the so-called womb-guard, or that worst measure of all, incomplete intercourse, the practitioner's hands are tied. He cannot expect to effect a cure.

I must not be thought to condemn as useless all the various methods of treatment upon which most physicians are accustomed to rely. These, however, can be considered at best as but adju-



vants of the true ratio medendi. If resorted to, it must be for some special indication of the case, and not at hap-hazard or random. Thus, while pessaries are at times not only advisable, but absolutely necessary for the progress of a cure, a wise discrimination as to the theory of the instrument, its indications as to material and size and shape and position, and the length of time during which it is to be worn, must be employed. To resort to a ring, therefore, for an antero-posterior displacement, or a lever for simple descent, as is still too frequently done, will almost necessarily cause disappointment, if not an unjust condemnation of the instrument improperly used. To employ any such measure whatever when inflammation is present, or excessive irritability of the part, without preliminarily subduing these, is certainly no evidence of wisdom on the part of the attendant. There are some forms of pessary, however, as my own hard rubber loop, or rather artificial finger, first communicated to the Suffolk District Medical Society of Boston, some months since, and to be procured of Tiemann & Co., of New York, which, for the purposes for which they are indicated, are well nigh perfect.

You will pardon me for trespassing so much upon your patience, but in view of the despairing expressions of Profs. Budd, Peaslee and Barker, I think it possible you may have been interested in the paper now read. More particularly would I rest my argument upon the remarks made at the close of the New York discussion. Regarding hypertrophy of the body of the womb, frankly confessed Dr. Kammerer, that he did not know what to do. How the body of the uterus in this condition was amenable to surgical measures, he did not understand.\* "If," said Dr. Peaslee, "we cannot affect the body of the womb, as has been asserted, by any application to the cervix, of course all local treatment must be abandoned as useless." "As to removing the induration of the uterus," he continues, "I regret that I cannot shed much light upon that point. We must trust mainly to medicinal measures, and especially to time."†

Hoping that I may have now indicated the direction in which therapists must tend, I thank you for the courtesy with which you have listened to my communication.

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\* Phil. Med. & Surg. Reporter, 29 Dec., 1866, p. 535.

† N. Y. Med. Record, 15 Jan., 1867, p. 530.